



Alsager School  
An Achieving School - A Caring Community

Our Ref:

## ADMISSIONS APPEAL FORM

**Please complete this form in black ink.** If you are appealing for **more than one child** or for more than one school please complete a separate form for each child and each appeal.

<b>YEAR GROUP FOR WHICH YOU WISH TO APPEAL FOR A PLACE:</b>			
<b>SURNAME</b>			
<b>FORENAME</b>			
<b>DOB</b>			
<b>MALE/FEMALE</b>			
<b>School Currently attending/last school attended</b>			
<b>Date child left (if applicable)</b>			
		<b>Yes ✓</b>	<b>No X</b>
Is the child 'Looked After' by a Local Authority ( <i>in public care</i> )?			
If Yes, please state which Local Authority and provide a contact number			
<b>Contact Number for Local Authority</b>			
Does your child have a <b>Statement</b> of Special Educational Needs?			
Is your child <b>permanently excluded</b> from school?			
<b>Appellant's names: (parent, guardian or carer)</b>			
Relationship of appellant to child (please specify – parent/guardian/carers/other)			
Do you intend to be present at the appeal hearing?			
Have you any special requirements, ie wheelchair access/hearing problems?			
<b>If 'yes' please give details overleaf</b>			
<b>Current Address</b>		<b>Address in Cheshire to which you are moving:</b>	
Post Code:		Post Code:	
Email address		Email address:	
		Date of Moving:	
Home telephone contact number:			
Mobile telephone contact number:			

**For office use only:**

Date Received	
Confirm PAN reached	
Logged on system	
Acknowledgement sent	
Child's Catchment School	
Presenting Officer	
Passed to legal	
Processed by	

Do you have any other school aged children?

If so indicate below their names, ages and schools they attend.

Name	Date of Birth	Name of Child's present school

Please state your reasons for seeking a place at this school (e.g. moving into area/domestic arrangements etc). If you are stating medical, psychological or social reasons **PLEASE ENSURE THAT PROFESSIONAL EVIDENCE IS ATTACHED**, e.g. a letter from a doctor stating the **medical reasons which require your child to attend this particular school**. You may also attach a separate a statement if you so wish in support of your appeal.

Any other specific needs (give details):

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I wish to appeal against the decision of the School not to allocate a place for my child.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

**Please return this form to:**

Clerk to Appeals Panel

Alsager School

Hassall Road

Alsager, Stoke on Trent ST7 2HR